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	Care Care	Application Number	10/016,053	
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	FORM	First Nam d Inventor	MELANCON, ET AL	
	(to be used for all correspondence after initial filing)	Art Unit	3632	
		Examiner Name	SCHULTERBRANDT, KOFI A.	
	Total Number of Pages in This Submission	Attorney Docket Number	RA-1658	
	+ Fee Transmittal Form + Fee Attached + Amendment/Reply After Final Affidavits/declaration(s) + Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s)	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): 1. Stamped Postcard. 2. Check in the amount of \$555.00 to cover Extension of time.	
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